



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
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May 14, 2012

Mr. Ronald Cioffi, Administrator
Rutland Area VNA
7 Albert Cree
Rutland, VT 05701

Provider ID #:477007

Dear Mr. Cioffi:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **April 3, 2012**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



APR 26 2012

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/03/2012
NAME OF PROVIDER OR SUPPLIER RUTLAND AREA VNA			STREET ADDRESS, CITY, STATE, ZIP CODE 7 ALBERT CREE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 001 SS=A	Initial Comments An unannounced on site complaint investigation was conducted by the Division of Licensing and Protection on 04/03/12. The following are State Designation findings.	H 001			
H 517 SS=D	5.7(a) Requirements for Operation V. Requirements for Operation 5.7 A home health agency shall notify the Department of all critical incidents among its current patient population within specified time frames below. Verbal reports shall be followed by a written report that summarizes the occurrence. (a) A home health agency shall report any suspicion of abuse, neglect or exploitation as defined in 33 V. S. A. §6902 to the Division of Licensing and Protection's Adult Protective Services unit within 48 hours. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by interview, the facility failed to assure that an incident of alleged abuse was reported to the State Agency within 48 hours as required. (Patient #1) Findings include: 1. On 01/25/12 the State Agency, received an anonymous report regarding potential emotional abuse and sexual harassment against Patient #1. Per telephone contact on 02/02/12 at 4:00 PM the Associate Director of Home Care said a report had not been filed with the State Agency because they were unable to obtain information from the patient. Per review of the patient's file on 04/03/12 at 11:00 AM the Home Health	H 517	A home health agency shall report any suspicion of abuse, neglect, or exploitation as defined in 33 V.S.A. §6902 to the Division of Licensing and Protection's Adult Protective Services unit within 48 hours. Plan of Correction: 1) The agency will contact the Department of Licensing and Protection's Adult Protective Services by telephone within 48 hours of becoming aware of any incident of suspected abuse, neglect, or exploitation. A written report will be faxed within 5 days of becoming aware of any incident of suspected abuse, neglect, or exploitation. The agency will retain a copy of the written report. 2) A log has been developed to document notification to the Department of Licensing and Protection's Adult Protective Services. (See attached form). 3) The patient cited in the deficiency is no longer receiving services and there will be no further follow up for this patient.	5/3/12	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

LDI511

TITLE CEO

(X6) DATE

4/25/12

If continuation sheet 1 of 2

PM

Division of Licensing and Protection

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H 517	Continued From page 1 Agency was first aware of the situation on 01/24/12 after Patient #1 reported to the physical therapist that an employee 'touched [the patient's] hair, stomach, wanted a hug and to call if [the patient] got lonely'. The Home Health Agency attempted to meet with the patient the next day, however the patient had a physician's appointment. The Home Health Agency then sent a letter on 01/27/12 to the patient and concluded their investigation on 02/27/12. Per interview on 04/03/12 at 4:00 PM Associate Director of Home Care confirmed that the State Agency was not notified within 48 hours as required.	H 517	4) All home care patients will be identified as having the potential to be affected by this same deficiency. 5) A refresher presentation outlining both staff and agency requirements for reporting suspected abuse, neglect, and/or exploitation within required guidelines is being delivered to all staff who provide in-home care to patients of the agency. 6) The Associate Director will assume responsibility for reporting suspected abuse, neglect, and exploitation and documenting notification to the Department of Licensing and Protection's Adult Protective Services unit.		